

Medicaid Disability Manual

106.00 Genitourinary System

A. What impairments do these listings cover?

1. We use these listings to evaluate genitourinary impairments resulting from chronic renal disease and congenital genitourinary disorders.
2. We use the criteria in 106.02 to evaluate renal dysfunction due to any chronic renal disease, such as chronic glomerulonephritis, hypertensive renal vascular disease, diabetic nephropathy, chronic obstructive uropathy, and hereditary nephropathies.
3. We use the criteria in 106.06 to evaluate nephrotic syndrome due to glomerular disease.
4. We use the criteria in 106.07 to evaluate congenital genitourinary impairments such as ectopic ureter, extrophic urinary bladder, urethral valves, and neurogenic bladder.

B. What do we mean by the following terms in these listings?

1. *Anasarca* is generalized massive edema (swelling).
2. *Creatinine* is a normal product of muscle metabolism.
3. *Creatinine clearance test* is a test for renal function based on the rate at which creatinine is excreted by the kidney.
4. *Glomerular disease* can be classified into two broad categories, nephrotic and nephritic. Nephrotic conditions are associated with increased urinary protein excretion and nephritic conditions are associated with inflammation of the internal structures of the kidneys.
5. *Hemodialysis*, or *dialysis*, is the removal of toxic metabolic byproducts from the blood by diffusion in an artificial kidney machine.
6. *Nephrotic syndrome* is a general name for a group of diseases involving defective kidney glomeruli, characterized by heavy proteinuria, hypoalbuminemia, hyperlipidemia, and varying degrees of edema.
7. *Neuropathy* is a problem in peripheral nerve function (that is, in any part of the nervous system except the brain and spinal cord) that causes pain, numbness,

Medicaid Disability Manual

tingling, and muscle weakness in various parts of the body.

8. *Parenteral antibiotics* refer to the administration of antibiotics by intravenous, intramuscular, or subcutaneous injection.
9. *Peritoneal dialysis* is a method of hemodialysis in which the dialyzing solution is introduced into and removed from the peritoneal cavity either continuously or intermittently.
10. *Proteinuria* is excess protein in the urine.
11. *Renal* means pertaining to the kidney.
12. *Serum albumin* is a major plasma protein that is responsible for much of the plasma colloidal osmotic pressure and serves as a transport protein.
13. *Serum creatinine* is the amount of creatinine in the blood and is measured to evaluate kidney function.

C. *What evidence do we need?*

1. We need a longitudinal record of your medical history that includes records of treatment, response to treatment, hospitalizations, and laboratory evidence of renal disease that indicates its progressive nature or of congenital genitourinary impairments that documents their recurrent or episodic nature. The laboratory or clinical evidence will indicate deterioration of renal function, such as elevation of serum creatinine, or changes in genitourinary function, such as episodes of electrolyte disturbance.
2. We generally need a longitudinal clinical record covering a period of at least 3 months of observations and treatment, unless we can make a fully favorable determination or decision without it. The record should include laboratory findings, such as serum creatinine or serum albumin values, obtained on more than one examination over the 3-month period.
3. When you are undergoing dialysis, we should have laboratory findings showing your renal function before you started dialysis.
4. The medical evidence establishing the clinical diagnosis of nephrotic syndrome must include a description of the extent of edema, including pretibial, periorbital, or presacral edema. The medical evidence should describe any ascites, pleural effusion, or pericardial effusion. Levels of serum albumin and proteinuria must be

Medicaid Disability Manual

included.

5. If a renal biopsy has been performed, the evidence should include a copy of the report of the microscopic examination of the specimen. However, if we do not have a copy of the microscopic examination in the evidence, we can accept a statement from an acceptable medical source that a biopsy was performed, with a description of the results.
6. The medical evidence documenting congenital genitourinary impairments should include treating physician records, operative reports, and hospital records. It should describe the frequency of your episodes, prescribed treatment, laboratory findings, and any surgical procedures performed.

D. How do we consider the effects of treatment?

We consider factors such as the:

1. Type of therapy.
2. Response to therapy.
3. Side effects of therapy.
4. Effects of any post-therapeutic residuals.
5. Expected duration of treatment.

E. What other things do we consider when we evaluate your genitourinary impairment under specific listings?

1. *Chronic hemodialysis or peritoneal dialysis* (106.02A). A report from an acceptable medical source describing the chronic renal disease and the need for ongoing dialysis is sufficient to satisfy the requirements in 106.02A.
2. *Kidney transplantation* (106.02B). If you have undergone kidney transplantation, we will consider you to be disabled for 12 months following the surgery because, during the first year, there is a greater likelihood of rejection of the organ and recurrent infection. After the first year posttransplantation, we will base our continuing disability evaluation on your residual impairment(s). We will include absence of symptoms, signs, and laboratory findings indicative of kidney dysfunction in our consideration of whether medical improvement (as defined in §§404.1594(b)(1) and (c)(1) and 416.994a, as appropriate) has occurred. We will consider the:
 - a. Occurrence of rejection episodes.

Medicaid Disability Manual

- b. Side effects of immunosuppressants, including corticosteroids.
 - c. Frequency of any renal infections.
 - d. Presence of systemic complications such as other infections, neuropathy, or deterioration of other organ systems.
3. *Nephrotic syndrome* (106.06). The longitudinal clinical record should include a description of prescribed therapy, response to therapy, and any side effects of therapy. In order for your nephrotic syndrome to meet 106.06A or B, the medical evidence must document that you have the appropriate laboratory findings required by these listings and that your anasarca has persisted for at least 3 months despite prescribed therapy. However, we will not delay adjudication if we can make a fully favorable determination or decision based on the evidence in your case record. We may also evaluate complications of your nephrotic syndrome, such as orthostatic hypotension, recurrent infections, or venous thromboses, under the appropriate listing for the resultant impairment.
4. *Congenital genitourinary impairments* (106.07).
- a. Each of the listings in 106.07 requires a longitudinal clinical record showing that at least three events have occurred within a consecutive 12 month period with intervening periods of improvement. Events include urologic surgical procedures, hospitalizations, and treatment with parenteral antibiotics. To meet the requirements of these listings, there must be at least 1 month (that is, 30 days) between the events in order to ensure that we are evaluating separate episodes.
 - b. Diagnostic cystoscopy does not satisfy the requirement for repeated urologic surgical procedures in 106.07A.
 - c. In 106.07B, systemic infection means an infection requiring an initial course of parenterally administered antibiotics occurring at least once every 4 months or at least 3 times a year.
 - d. In 106.07C, appropriate laboratory and clinical evidence document electrolyte disturbance. Hospitalizations are inpatient hospitalizations for 24 hours or more.

F. What does the term “persistent” mean in these listings?

Persistent means that the longitudinal clinical record shows that, with few exceptions, the required finding(s) has been at, or is expected to be at, the level specified in the listing for a continuous period of at least 12 months.

G. How do we evaluate impairments that do not meet one of the genitourinary listings?

- 1. These listings are only examples of common genitourinary impairments that we consider severe enough to prevent you from doing any gainful activity or that result

Medicaid Disability Manual

in marked and severe functional limitations. If your severe impairment(s) does not meet the criteria of any of these listings, we must also consider whether you have an impairment(s) that satisfies the criteria of a listing in another body system.

2. If you have a severe medically determinable impairment(s) that does not meet a listing, we will determine whether your impairment(s) medically equals a listing, or, in the case of a claim for SSI payments, functionally equals the listings. (See §§404.1526, 416.926, and 416.926a.) When we decide whether a child receiving SSI payments continues to be disabled, we use the rules in §416.994a.

106.01 Category of Impairments, Genitourinary

106.02 Impairment of renal function, due to any chronic renal disease that has lasted or can be expected to last for a continuous period of at least 12 months. With:

A. *Chronic hemodialysis or peritoneal dialysis* (see 106.00E1).

OR

B. *Kidney transplantation*. Consider under a disability for 12 months following surgery; thereafter, evaluate the residual impairment (see 106.00E2).

OR

C. *Persistent elevation of serum creatinine* to 3 mg per deciliter (dL) (100 ml) or greater, over at least 3 months.

OR

D. *Reduction of creatinine clearance* to 30 ml per minute (43 liters/24 hours) per 1.73 m² of body surface area over at least 3 months.

106.06 Nephrotic Syndrome, with anasarca, persisting for at least 3 months despite prescribed therapy. (See 106.00E3.) With:

A. Serum albumin of 2.0 g/dL (100ml) or less.

OR

B. Proteinuria of 40 mg/m²/hr or greater.

106.07 Congenital genitourinary impairments, (see 106.00E4) resulting in one of the following:

A. Repeated urologic surgical procedures, occurring at least 3 times in a consecutive 12 month period.

OR

B. Documented episodes of systemic infection requiring an initial course of parenteral antibiotics, occurring at least 3 times in a consecutive 12 month period (see 106.00E4).

Medicaid Disability Manual

OR

C. Hospitalization (see 106.00E4d) for episodes of electrolyte disturbance, occurring at least 3 times in a consecutive 12 month period.